SUBORDINATION REQUEST FORM

PART 1 - To be completed by lender.

Contact person for subordination:_____ **Company** Name _____

Telephone # _____ **Fax** _____

Borrower or Co-borrowers Name and Member #_____ _ _____

Date of the request for subordination _____ **Anticipated closing date** _____ _

Federal Express Number _____

Guidelines: For Primary residences, the CLTV shall not exceed 80%, for loans that qualify with our credit score criteria.

Further CLTV restrictions may apply for Second Homes or Investment Properties. Loans with lower scores may require a further reduction in the maximum CLTV. If CLTV exceeds our underwriting criteria, the member must reduce their line of credit and/or loan balance. _____**Credit Union will provide a Reduction Form to be signed by Borrower and returned to** _____**Credit Union along with this form, stating they are aware that their limit is being reduced.**

In consideration of the execution of a Subordination Agreement by _____**Credit Union, in accordance with their specific guidelines, please provide the following information:**

Borrowers name as indicated on Equity Loan: _____

Street Address: _____

City:_____ **State:** _____ **Zip** **Code:** _____

County property is registered in _____

Credit Union Home Equity Book#: **Page#:** **(or**

Instrument/Document #) _____

New 1st mortgage amount: **$**_____

Subordination loan amount: $ _____**Date Home Equity was opened:**_____

New combined loan to value % _____

Appraisal Value $_____ **Dated** _____

Please note: a full approval is required and should be submitted with the subordination request.

Name of the institution refinancing mortgage that is to appear on subordination: _____

Where is subordination to be sent to, and to whose attention: _____

I have provided the above information to the Credit Union in order to induce them to execute a
Subordination Agreement and expect the Credit Union to rely on the accuracy of such information.

Please Sign _____
(Lender's Signature)

PART 2 - To be completed by borrower.

I authorize _____ **Credit Union to withdraw the non-refundable $150 subordination request**

processing fee from my Account:

Member # _____ **Share # ** _____

Please Sign _____